



## COMMISSION TRAVEL EXPENSE WORKSHEET

### FETC Form 04 (Revised 09/18/15)

**IMPORTANT:**

- On the first & last day of travel, you must indicate departure & arrival times.
- You must provide justification for incurring travel expenses.
- Sign & date this worksheet at the bottom where indicated.

**Complete and Print All Information**

**NAME:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **DEPT:** **A J A&J WR Comb.**  
Circle one.

**SSN #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**FOR FETC PURPOSES ONLY**

**Non-Comm ID#:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **WORK ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOME #:** \_\_\_\_\_ **WORK #:** \_\_\_\_\_

**CELL #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**TRAVEL AND SUBSISTENCE**

Departure and arrival times are important for determining subsistence reimbursement. Use the time that you actually departed your home/work location and the time you arrived back at your home/work location.

	Departure		Arrival		Daily Mileage	Tolls/Receipts
	Date	Time	Date	Time		
Monday						\$
Tuesday						\$
Wednesday						\$
Thursday						\$
Friday						\$
Saturday						\$
Sunday						\$
<b>Totals</b>						

Are you claiming mileage with this trip? **YES NO**

**Justification for Travel Expenses:**

Are you claiming subsistence with this trip? **YES NO**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_